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APPLICANTS

Steven Spencer, Minneapolis, MN;

Leo Klisch, Maple Grove, MN;

** CONTINUING DATA *****

No BAC

** FOREIGN APPLICATIONS *****

No BAC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature	Initials		

ADDRESS

23838
 KENYON & KENYON
 1500 K STREET, N.W., SUITE 700
 WASHINGTON, DC
 20005

TITLE

Medical implant processing chamber

FILING FEE RECEIVED 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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